( Live Captioning by Ai-Media )

TIM FUCHS:
Hate folks, we are going to rent just about 20 seconds to make sure everyone is connected. Before we start.

TIM FUCHS:
I want to welcome you all to today's presentation How CILs Can (and Should!) Support Consumers Experiencing Homelessness, I am Tim Fuchs, my pronouns are he/him pronouns, I am the operations director at the Council for Independent living," make these webinars, so I really appreciate you all joining us this afternoon, I was happy to see such a great turnout for this topic. Over 535 people registered today, we arty have 662 people connected, and I do know that number will grow. This webinar is brought to you but that IL-NET Centre of independent living, the IL-NET is operated by University of Montana, with support divided by the administration of community living, at the Department of Health and unit services, we are reporting today's call as you are used to, that will be archived on IL use website, they usually get it up much sooner, I just want to go through some more housekeeping and accessibility tips with all of you before we start. I'm going to go ahead to slide three, and as you have hopefully already noticed, both cart captioning and ASL interpreters are available. And our active ASL interpreter will always have their Own. You should not have to worry about pitting them -- pinning, only our current interpreter and active speaker Willie using the camera at a time. Also I am screen sharing,

So if you want to adjust the size of the presentation, or speaker and interpreter cameras, you will want to make sure that you are in side-by-side mode. You can do that by going to the top of your screen where it says "Tim Fuchs is sharing his screen" and in the drop down box make sure you have selected side-by-side mode. Once you do that, you should be able to put your cursor in between the PowerPoint and the cameras, and slide it back and forth to adjust the size.

By the way, if you are using dual monitors, there is also a checkbox there to optimize the view for Google monitors, and you will want to take advantage of that if you are using to computer monitors.

Alright, the captioning should be running, if you have not turned that onion and you would like to, you should have options in your zoom menubar, for life transcript or close captioning depending on which version you are using, and make sure to click "Show subtitle" and also under those settings as subtitle settings, and you can adjust the size and some other features of the captioning.

If you prefer to view those captions on full screen, outside of Zoom, that URL was sent to you in that materials email that was sent to you yesterday

We are going to have plenty of time for audience Q and a cup today is structured as a panel discussion, so I will be asking some discussion question of our panels today, but we have several opportunities for you all to ask your questions, you can submit a question through the Q and a tab on zoom, if that is not accessible for you for any reason you can email your questions to me

And if you are only on the phone today, you have called in to participate, you can press\*nine on your keypad, so that is just for callers, and that is a great way to ask a question if you are only on the phone.

Are welcome to submit questions especially through the Q and a tab, or email any time, but we are going to wait for a Q&A breaks to address them, the last piece of housekeeping that out to mention is that there is an evaluation form today, so we actually have that preloaded Zoom, that evaluation will open on your screen, if you could take a moment to full that out, we would really appreciate it. And if you do not have time link was sent to you in a materials email that you received yesterday. But, obviously we all know that it is hard to go and for those out, it is a quick evaluation so if you could share your thoughts when we end today, we would really repeat it. I'm going to go ahead to slide four, and introduce our panelists for today, I really wanted to thank Georgina and Robbie for all the work that they have put into this and be willing to take time out of their very busy day jobs to share what they have learned at their CIL about supporting consumers were expensing homelessness. So Georgina Alvarez is associate Director at Central Coast Centre of living around Salinas California, and Robbie is IL programs Director in the Denver area, and I have had the pleasure of knowing and working with them on a number of presentations before, and I'm really excited to have them back here today for this topic. So thanks so much for being here with us, you all!

The last thing to do before we get our speakers on the line is to just cover these learning objectives on slide five.

So our goal for today is that you will look great of approaches that educate communities to advocated barriers for securing safe, accessible housing

Outreach strategies that inform and foster an atmosphere of collaboration among providers, governmental entities, the business community, and other skate holders about available homeless prevention resources and services encloses of consumers who are black, indigenous, and people of color, or multiply marginalized.

Funding streams for homelessness prevention activities including leveraging COVID-19 funding to supporting consumers with that places to live.

I'm with you go had to slide six now. And Gina is actually our first speaker, we are going to get an overview of Cecil and (unknown term) community, before we dive into some of the questions specific to their program. Georgina, I will take it over to you.

GEORGINA ALVAREZ:
Thank you everyone for joining us today, I was going to say good morning but it is afternoon. So, welcome! Today we will be going over that (unknown term) services especially how CCCIL has been able to grow and implement homelessness prevention services following the IL Philosophy at the services, so we can go to the next one.

So, we are what the 28 independent living centers in California, we provide as we are all mandated, the IL court services, and we also have a preparatory housing and homeless provision services, so it has been exciting for us to incorporate services for those who are in shelter or expanse a couple since, or risk of homelessness, within the IL Philosophy, and IL services. We were able to leverage and bring resources to us. So we can go to the next one.

So what have we done at CCCIL? Start with all of these rapid rehousing services and how to get into the homeless services in our communities? So back in 2014, we started working with the veterans, other partners, to local housing resource Centre in implementing the program. We did the program for about two years, it was a really good opportunity for us to really see and learn, what is happening in that community with people who are experienced in homelessness especially with those veterans who were coming back from Iraq cup from those wars, they are homeless. What happened to them that they ended up on the streets, and how can we support them in the journey of getting services and housing to start stabilizing them, and give them the support they need, how can we unify them again? Through family reunification. How can we bring them back to their families?

2014 we started working with housing resource Centre, we provided rapid rehousing to veterans, as well as their housing we provided case management, or independent living services, independent living skills training, housing search, but be extended more than the housing search, we help the concert, we hope to apply for we hope to get in communication with Lord how to talk to homeowners and they independent skills come up with 50 to become more and a lot of individual assistants become so that is the main goals that we did. With the rotate housing

We also have ones who were struggling to sustain their cousin, experiencing medical conditions and the self working they were waiting for their veterans but it's Como Social Security benefits, and we know how long it takes for someone to get for Social Security benefits. We also help them get into homeless prevention.

We as well were able to collaborate closely with continual care. With that comes homeless services providers, the county, city, other nonprofits, within the county.

So because of that CCCIL had, in 2016, we were approached by the city of Salinas, to really try a pilot project with them, under the emergency solution grants. That was the first granted that we got outside of the 'ARC Toolkit & the ARC Platform'/ARC mac to help the entire community. That would be for anyone with experiencing homelessness or was recently losing their housing.

So we were able to secure the funding source, we started building the program it was challenging that at the beginning, because as independently thing centered work consumer choice consumer driven, with the ESG was the housing model, we house them regardless of their conditions, regardless if they do not having, income, if they are actively using drugs, alcohol, and they do not have temporary rehab, it was difficult, because as an ILC we respect that consumer choice of following up with housing goals, so we had to modify and make it work, make it into a collaboration within the city, the ILC cup and really bring together that ILC philosophy with the housing first. CCCIL has been in a unique position which we can utilize the other ILC services, the housing and the independent living training benefits counselling as well as the individual and system change advocacy as well as the Housing first model. We secure the funding with City of Salinas and we present the project. That brings us back to 2018 after working with City of Salinas for the housing and the admissibility advocacy program. That one is for people who are in the process of applying for Social Security benefits and that's one of the sources that we offer.

Also in 2018 we were approached by the health department to become a partner with the whole person care. California has this program, it expired on 2020. People experiencing homelessness in the county but multiple hospital admissions. They have been in and out of hospitals because they do not have a home or medical care. That's another project you're working on.

With all of those resources and funding we were able to extend our partners with continuing care within the local homeless providers we get funded and we continue working with them. So we can go to the next slide.

Like I said, we have our challenges. We have had it all with the City of Salinas, whole person care, it was a challenge at the beginning so we can design the program, we can bring the program but how can we sustain the program? Because we did not want to have a new pilot project for a year and then it is gone the next day. So we had to sit down and work through a lot of research, learn from the mistakes we did at the beginning and come up with the program design stop how many case managers do we bring on? Do we need any training outside of the normal ILC trainings that we get? Do we need to get stop certified to direct how services?

And how we put all of them into one? How do we merge the IL philosophy with the Housing first model? How could we continue the project within the local community? Do we bring other nonprofits? Do we extend the local city officials, the county? What happens with the housing authorities? Because all of them we have to work in partnership to make that housing program.

We decided the program and established use with local nonprofit and shelters, started going to different outreach meetings. Going down the street and meeting the person where they are instead of coming to the office we met with them even when they were homeless in the hospital would go to the hospital and visit with them. Go to the other shelters, go to the care office, wherever we had to go to meet the consumer to reach that goal and beat them where they are. For those that can come to the office we have the office also to come to the office.

Everything was good on paper. We had the partnerships, we had with the county, with the city and everyone was on board. We started with being, we started placing people into permanent and affordable housing, but we also had a challenge of is the housing available? Is it accessible? We did not want to house anyone just because we had an apartment in East Salinas, you're going regardless of what condition the neighborhood might be in. The main challenges we have faced and we continued facing is going to be the lack of affordable housing. Housing that is accessible to people with disabilities, the lack of transitional housing some of the consumers that we were working with have been homeless for years. Many, many years.

A couple have been working for 30 years, homeless for 30 years and is difficult to make the transition to permanent housing without that transitional getting them prepared to go back to housing.

Housing barriers. What is it that the consumer hats in their background? Do they have income; can they sustain a unit? Can they sustain that apartment? We pay for the moving expenses. Secure deposit for first month's rent, can they continue making their rent? After the assistance ends are they going back to the streets? We needed to identify all of those barriers. Do they have a criminal background? Can they qualify for a section A voucher? If they do what is it, we need to provide for housing? What do we do that or registered offenders? There is no housing for them because they have all of those requirements to stay away from the schools, that's the biggest challenge that we have.

How do we sustain it? How do we sustain a program, and don't let it go away? How can we bring the city, the county, and everyone? Like I said, we decided and acknowledged the barriers we had, we identified what are strategies we can use, how can we do it? How can we sustain the program?

What we did was work with the city, the county, the state, the local foundations. We work a lot with the foundations to bring us together, to bring us to the point that we can provide the same services for the same goals.

In terms of those challenges it was really the main one and I think a lot of the ILC's, internally it was a change for the IL staff because as you guys know most of the ILC's don't collect case managers. They are called independent specialists; they are not called case management.

But how we did it is with independent cage management-- independent case management we taught them how to be independent, teaching them how to access their benefits, how to be independent, how to self-advocate, how to do a budget. How to look for transportation that is accessible. We are teaching them a lot of independent living services.

The titles of the case managers or the independent living specialists but we at CCCIL define case managers as independent living services. That's how we have been doing it. It has been working with us within the core services of the ILC. Again, the main thing is working and partnerships so that we can overcome all the barriers. As part of the partnerships to bring programs to the ILC to the county we work a lot with the local housing authority to help the consumer supply for vouchers.

We have what they call (unknown term) vouchers. Those are for people experiencing homelessness. We have the new emergency vouchers that are coming up for those experiencing homelessness as part of the new CARES Act program. We have been working with them and doing a lot of education to the County, the city and housing authorities that work with the consumers, we don't work for them. We teach them, we guide them, we present options that are available for them. We do the pros and cons of options that we have. At the end of the day it's that person's choice. If the consumer choice of whether or not they want to get rapid housing services, they want to get Homeless Prevention services, whether or not they want to work with CCCIL.

We have been expanding and having a lot of challenges with local partners, with the city because the tape they need to be house. We understand but do they want to be housed? Do they want the services? Are they asking them if that's what they need?

We can also help them into motel ventures, a product that being new to housing services it's a challenge. What we did was do a lot of education, do a lot of outreach, community outreach, communication to continue working on those partnerships to work as a team. To help understand how the independent living center works. That we work with the whole person. The consumer is the lead on the services they are getting.

Not the IL case manager, or the other staff. Not the specialist or the housing indicator. Regardless of the title the consumer is the one that has the choice. The consumer tells us what they need at the time they want it and for how long they want services. What is next for us? Continue working in partnerships. Go to community meetings, good do a lack of education. Continue leveraging so we can continue with the services instead of doing a pilot project for a year and then it is over.

I think now is going to be six years and it is growing. We have been doing during these difficult times, even the pandemic, we did not have any experience at all running an emergency program. We were able to get ventures, emergency hotel ventures for those that had a high risk of getting COVID-19. We place a lot of people into hotels. We housed over 100 people who were in the motel programs who were homeless from March 2022 today. It has been successful. But it's not easy, it's a challenge.

Having those two problems together is difficult.

I think that's all I have.

TIM FUCHS:
Thank you for the overview. The only question we received so far was from Bonnie. You really respond to this, I don't know if you want to say anything about this but she was concerned about the fact you are providing case management services and how are you doing that? I know you said you're really just providing IL services to meet that aspects of the grant. I don't know if you want to add anything or not.

GEORGINA ALVAREZ:
At the ILC we had a lot of… As in ILC it was the biggest trouble we had that was the challenge. How do we bring homeless services to an ILC? You're right, at the beginning we were independent specialists, but where he seemed locally within our own community in (unknown term) County that we bring a different title to the staff, and then case managers or doing case management is really how we are defining case management. For us it was IL services.

A living system change advocacy services, traditional services. For those that were experiencing homelessness somewhere in nursing homes and we were able to move them out and into permanent housing. It's really identifying how can we bring the programs together. And still for both the IL philosophy.

TIM FUCHS:
Great. Bonnie acknowledge that you answered her question earlier, so thank you very much. We have some other content questions and I want to acknowledge a couple of people are having trouble viewing the interpreters. I apologize if you have already heard this. Just quickly I want to point out a few things.

Captioning is running. I mention that because I'm going to give some instructions. Make sure you are in side-by-side mode so that at the top of the screen where it says "You are viewing Tim Fuchs the screen." Click on the options and make sure you are in side-by-side mode. Also, if you do not see a way to switch to gallery view see if there are two grey boxes above the active speaker which is probably

. Click the two grey boxes and see if you can see the interpreters. Hannah is the current interpreter so that is what you should see. It's been working well for us but we will keep trying to give tips. We are not having time for all of these content questions, but we will have a longer break at the end of the call. So let me try to get through a couple of these stop

What's the county providing the emergency vouchers, and how did you manage that?

GEORGINA ALVAREZ:
In California we had the project Roomkey, so we had quite a bit of funding to fund project Roomkey.

After a few months of them running, as this is not something that accounting came to, it started looking for different nonprofits to help them rally project rookie, with the emergency ventures rent through, for the city of Salinas, they also got some of COVID 19 money, and so we said we have all of this funding, and we have a lot of people need emergency center right now, so we also worked with the city of Salinas. At that time Philip community foundations, instead of doing that all type of funding cycle that the student, they decided to put a lot of love money to the COVID release funds, so we applied, and we were also contacted by a local foundation who asked us if we would like to receive money from them to continue the emergency funding vectors that we have, so we said yes, that is how he brought the emergency vouchers to the program, through the collaborations that we had, it is really working with accounting, with project Rupee, because that was huge, project (unknown name) had over 100 people, we had 100 rooms, in terms of people getting services close to hundred and 30 individual cases and there, we housed half of that, which is really good. Because we always also had project home team, which is another project in California to put money to convert motels into permanent housing. So we have 100, and again, because it was a motel, and I went to speak convert it to permanent housing, we were only be able to move 50 people, and then we housed 30 more people out of the community. So that is how we act up to about we prioritized it, I say those are our high risk of getting COVID, those were the people who are getting emergency voucher, it is really going into who gets priority over who but it was based on the definition that the state had on COVID, that is how we did it. By following the state guidelines, and all of the people who are continued to refer to CCCIL they have to be a person with a disability. They have self-identify somewhat with that disability, again that is a struggle that we had with city, but the partners, because they say I have so and so they need about her, and we say great you can refer them to us much do they have a disability?

And if not, we can have to deny services but we might be able to refer them to another agency you could help them. So they had to be a person with a disability, they had to self-disclose, self-identify, and again, working with collaboration with lives local houses, local cities, local partners to bring the vouchers. Emergency hotel vouchers.

TIM FUCHS:
Thanks Gina, we have a ton of good questions, but I want to make sure that we have time for the whole presentation, and descriptions, so those questions are not going anywhere and when we take our Q&A break at the end we will start with those. For now, though, I'm going to go ahead to slide 13, and where would you turn this over to Robbie who is going to walk us through Atlantis and their work.

ROBBIE ROPPOLO:
Robbie my name is Robbie, and my pronouns are he/him pronouns, next slide please stop at Atlantis, Atlantis was founded in 1975 and at the time or the second Centre for Independent living, currently, there are eight centers for Independent living in Colorado, and we were next slide please

So, like all CIL our mission is to advocate for people with the community setting other toys. -- Of their choice

Of course everyone is familiar with the independent living philosophy which outlines how we provide our services.

And so with the mobile unit, we follow the same process that we do at our brick-and-mortar, our main location, and that process is the same, we start with the intake process and then developing the goals, the independent living plans, and then from that point, the customer get designed to independent living specialist, and then they start doing the work necessary to achieve their goals. And with the mobile unit, we provide all of those court services through the mobile unit for folks who are edible for -- eligible for services through the mobile unit

With our mobile unit, we cover the seven county catchment area, but prior to we have always served that seven county area, we began we had Artie identified -- already

A lot of the barriers that housed folks experience even when it comes to getting to our main office. So in 2017, there was another sill CIL in the Metro area that had closed down, and we had the opportunity to apply for a separate part C grant to create the mobile office. And that mobile office is designed to serve people who are and housed -- in addition to that they may have a barrier related to their disability ability that prevents them from getting to our CIL, they may already be housed but there can be additional barriers that would prevent them from getting to the CIL and we had just recognized that there is a huge crossover with people who are not housed who have disabilities, and we had started to recognize that a lump of those additional barriers that come with being not housed, whether it is just not accessing public transportation, not having access to a phone or any other type of technology on a stable basis, and another part that makes it really difficult is in the Metro area, there has just been a huge increase in the not housed community, and in the area there are these ongoing and continuous sweeps that force people who are not housed to move on, and move on to where? And that is the dilemma, because they are forced through the police, and the sheriff's department to just move on but they are not given any opportunity to get any type of permanent housing, at that point, there is not a lot of access to hotel vouchers, so the mobile office, which is fully accessible, has given us an opportunity to create a mobile office that functions the same as our main office, it gives us an opportunity to meet people where they are, in the community.

And regarding outreach, which is a really big part of the mobile unit for 7 counties within the metro Denver area. And part of our catchment area does include rural areas. And during the pandemic it has created - it’s had a huge impact on doing outreach and just being able to maintain contact with unhoused consumers. Is being able to maintain with consumers. We have been able to partner up with a number of local organizations – CO Coalition for the Homeless, shelters, libraries, parks, there are a couple of local – Project Homeless Connect, that is an area where people are not housed can show up to one location and get connected with a lot of the services they may need to gain their independence and their housing, there is another event that is the annual Day of dignity, that is actually held out in the community, which also is that kind of bridge is a barrier for folks who may not even be able to get to the convention center.

And there are some other local vacancy organizations, one being dental home we have also been able to join different types of work local human services office so we have associate and service providers on basis needs in order to just a group also continued to exist from

So, as I had said earlier, we had the opportunity to apply for that to which we were awarded the grant, but the grant itself was not enough to cover the entire cost of the vehicle and we started putting a plan together.

When we started to put that branch together, we had the realization that if we are going to fully customize this vehicle, to be able to cook provide the services that we needed to, we will not be able to lease it, because if you lease a vehicle and you start making all of these customizations to it, if for some reason we would have had to return the vehicle, through that lease, we probably would not have been able to do that.

So that is our mobile office there. It is really similar to locally, just a paratransit vehicle, and when we first got it had three rows of bench seats with one wheelchair securement area.

And what we had done was removed the bench seat and we were able to create two desks, one over each of the wheels, we also kept the wheelchair securement area

We do not provide transportation for our consumers, but by having that wheelchair securement area, in there, it gives the ability to hire an independent living specialist who may use some type of a mobility device

That is a photo of myself in between the two desks above, there are some storage areas that allows us to keep a lot of the date of day supplies that we may need in order to provide those services

There is an auxiliary overhead air-conditioning and heating unit, which is really helpful in just maintaining – it maintains a climate inside the vehicle – during the summertime, in the wintertime, and it also allows us to make adjustments for folks who bodies may not regulate temperature in a consistent manner.

As I mentioned earlier that is part of our catchment area is out in these rural areas where folks may not have access to their closest human services office or any other types of service providers. So it does allow us the opportunity to really go to all parts of our catchment area to make sure we are able to serve those in underserved communities.

Again that is just another view of the mobile office. One of our really rural areas there as well.

Regarding the pandemic we were able to secure a CARES Act Grant for the mobile unit and some things that we have done in order to address some of those additional barriers, especially for folks experiencing homelessness we are able to put together what we call a shelter in place kit. That included a backpack, tent, sleeping bag, personal protective equipment, and water bottles.

Again, that gave folks who were on house some semblance of being able to self-quarantine to protect themselves the best that they could during the pandemic as opposed to going into some type of congregate setting.

In addition to the shelter in place kits we were able to purchase, initially looks at it to address the food insecurity related to the pandemic. We have started to form some partnerships with an organizational call café 180 which was providing emergency food boxes, but we had also recognized that folks who were not housed will not have any place to store that food, they will not have a way to prepare the food.

For non-housed folks we started purchasing gift cards for grocery stores which would allow them to go to the grocery store, they could buy prepared meals, they could buy meals like the hot bar where it is food that is already cooked and hot. They can use those gift cards and purchase whatever grocery items that they feel they will be able to use when they are out in the community.

We are also able to put together technology packages. We partnered up with another local organization that refurbishes computers and laptops. We were able to put together a technology package that includes a laptop with a wireless hot and six months of internet service.

That has really been a game changer for us to be able to maintain contact with folks who are in the community to the best that we can to provide uninterrupted services during the pandemic.

So, one other thing I want to touch on regarding ways that we have addressed the lack of services and barriers in areas of opportunity that we were missing regarding serving the BIPOC community.

A couple of years ago we had decided to take a look at our organization internally to see where and what kind of opportunities are we missing to be able to best provide supports two members of the BIPOC community. We had met with a consulting company to create our own EDI objective and action plan in order to give us some direction to address the lack of the EDI work that is being done. Through that we were able to find that we created an internal EDI committee which has broken down into subcommittees.

Some of the things that we realized we would have to do if we were really going to commit to EDI work were creating listening sessions. Specific to the BIPOC community to get their feedback regarding what are the and services in their community.

From there we had started to meet with partners and service providers within the BIPOC communities to talk about why we are doing the EDI work. And just to start building and nurturing relationships within those communities. A couple of examples of organizations that were in the process of developing relationships due to COVID we were really limited to that, but as some of the restrictions in the Metro area are starting to open up we are trying to build relationships with black lives matter 5280. There is an organization called (unknown term).

We are also trying to partner with local racial justice organizations. We have had to assess our marketing and outreach material to ensure there is representation across those racial and ethnic lines and we are going to be having some lunch and learn events where we can invite members of the BIPOC community into our space and just really have an opportunity to sit down and listen to what their needs are.

So, I think that pretty much covers… So, with the mobile unit. It is fully staffed with two full-time independent living specialist. It gives an opportunity during regular outside of the pandemic, the day-to-day operations are split up between spending time at those outreach operations so we can let folks know, hey, this is who we are and these are the types of services we provide.

And then once we create… Once we do the intake and create an independent living plan we also use the mobile unit to have those follow-up meetings in order to continue working on the independent living plans with our consumers.

TIM FUCHS:
I want to describe-- just grab a couple of questions that have come in specifically for you. We have a bunch of other questions that I think will be answered as we go through some of the panel discussion questions in a few minutes. But looking at what has come in Darrell was wondering specifically how you deal with the Wi-Fi and internet access issue, especially in remote areas and while using a mobile unit. What does that look like from the mobile unit? How do you stay connected?

ROBBIE ROPPOLO:
It's a great question. That is something that we are constantly trying to reassess. Because within the mobile unit we use laptops and we use wireless spots. You also receive seven cards through a data plan. There are areas we go to where there is just not a signal. So, with that any of our, any of the paperwork that we would need, because we use an online database to do intakes but what we have to make sure to do is print paper copies of those forms in case we get into an area where we do not have an internet signal we can still conduct the intake and create the independent living plans on the spot. And then once the mobile unit gets back into our main office or just when they get back to a location where there would be internet service they have to go back in and answer all of that information from the paper copies into (unknown term) suite which is the web-based database that we use.

We have started, last year started doing some research to see if there are any options for some type of satellite-based internet service. But I haven't really been successful in trying to find something like that. We do feel like being able to have those paper copies that is a thing we have come up with in order to address that issue in the meantime.

TIM FUCHS:
Thanks, Robbie. I want to acknowledge their people that have other questions and I will do my best to get those answered during our own panel discussion. It also goes back to these at the end of the webinar.

I will go ahead to slide 28. We covered this already so in the interest of time that's kind of what we have been talking about this overview. You know now how CCCIL got started in this work. I think this is really the next I want to talk about.

Let me preface this with, believe me I saw the questions from a number of people and just like we anticipated that's great, how do we get people housed.

I want to talk about some tips and solutions here that, you know, we all know how hard and how unchanging the lack of accessible, affordable housing is. We cannot solve that housing piece today but let's look at some solutions that we do have.

If you want resources on the housing piece we have information and training on housing advocacy, partnerships and those sorts of things but that's another training so want to acknowledge that first.

Here on slide 29 the question says, "You both live in areas that have experienced rapid growth and advising expenses. I think we all feel that way but coastal California and the Denver area have really been unprecedented. How do you deal with the shortage of affordable accessible housing?" Gino come to first and then Robbie.

GEORGINA ALVAREZ:
Thank you. For us it has been the partnerships with the local Housing Authority. Throughout these years of experience doing the Rapid Re-Housing it's building correct operations with housing developers. We have people who are the local housing developers in the area who provide affordable housing so we have a close relationship with them. Housing Authority out with a section 8 venture or choice vouchers as we call them.

Accessible housing is difficult. Finding a market rate apartment is expensive, it is getting more expensive as the minutes passed. But what we have been doing is a lot of collaboration with local housing developers, establishing relationships with local landlords, doing education that benefits of renting a room or renting a homerun apartment with something that they section 8 voucher. You have a rented warranty. Dependent on the income we only have consumers some of them pay nine dollars a month. We also say they have the backup of PILC and the Department of Housing services.

Case management or independent living services. But it is difficult, again, building the relationship with your local housing developers, the local housing authority that will get you some results. It is having really to work, to collaborate and they have a lot of patience. They know kind of (indiscernible). We are looking for a unit and trying to market or say I have so-and-so who is good at communicating and paying bills or who has never had any housing infections, has a section 8 voucher and is on the path of getting a job. Doing a lot of that is teaching communicators how to can communicate with landlords, how to go for housing viewing. A lot of collaboration.

In finding a way how we can bring new landlords. Do you work more with the Housing Authority? Do we work on giving them a stipend? Allowing incentives with them. What do we do need to do to bring more of them to the table and working with the local housing developers, that's how we've been able to do it. So Robbie, same question for you, across the Denver area, and really Colorado, have been unbelievable, so how have you all don't want that? -- Dealt with that Robbie Mack I could echo a lot of stuff

SPEAKER:
Where we do try to focus as we try to ordinate and collaborate with different counties, their local housing authorities, and when we get advanced notification that a section 8 lotteries going to be opening up, to at least submit the interest cars, we just stay in contact the best we can with the consumers, and when we get those notifications, we contact them immediately and we need to them where they are and use the equipment that we have, to support them with at least getting their names entered into those lotteries, which, again, that is just the first part of the process. It still does not address the immediate need for the housing, but at least it gives us an opportunity to kind of get on those waiting lists while we continue to just really dig in and do the research to find out what other opportunities are out there. We work with our local veterans and administration, so for folks who are veterans, we can connect with the VA so that the consumer can get a case manager through the VA, and begin work together to get folks qualified and to receive a (unknown term) voucher, we are fortunate to have access to three transitional apartments in the Metro area, which, it is a drop in the bucket but at least it gives an opportunity to meet that immediate need, the transitional units have a six month lease that is attached there have been instances where we have been able to get that lease extended, to do what we can to keep a roof over someone's head so that they can continue that search and work on their other goals.

And it is just about forming those working relationships with leasing agencies, and landlords, and we do have a list of different leasing agencies, that we do work with. And they work -- reach out to us, and let us know if they do have an apartment that is going to be opening up, we stay in contact with them and just keep that line of communication open. To try to fill those areas and it is outside of that, that is the number one dilemma. Because there is just nonchalant not to look out considered affordable housing. We continue to do advocacy innocence times level -- systems level

Depending on the kind of accessibility features that consumer may need by having those working relationships with landlords, it is a lot easier to introduce and have that conversation about specific types of accessibility features

We are working with folks we are clear in identifying the facility. They are on the but we don't want to do. We want to make sure we are providing services to people even when they are not housed and they don't have a place to live. That they can still receive IL services and create their own goals and support. That's only love to see. Even if the housing issue is a significant barrier in your area, where is it not? I hope that you all will think about how you might implement some of these things and explore building programs like these.

I know a lot of this, and when I say this the question we are talking about, a lot of this hinges on partnerships so I will go ahead to slide 30 removal talks a little bit more. And he covered some of this in your intro, but what local and state partners have been critical if you miss working and then kind of interested when did those relationships happen? So from the perspective of where those relationships what you already have that you leveraged or did you have to build up from scratch

We had a little bit of funding from city, again, about 10,000 or 5000 grant that we got for them every year, about doing a lot of housing for education tenant rights, independent living services, we also had a contract with the health department, and the mental health services act in California, so we were getting a little money from them, but it was really more into benefits counselling, teaching the consumers had to go back to work, and can they keep some of the Social Security benefits, or they will live them. So we start with those two basic contract with that company really doing a lot of collaboration, through the city, the work that we have been doing with the veterans homeless, they wanted to start using that ESG emergency solution grant, that were coming from the state. So we worked together to design the program, and that is also when (unknown term) care comes into the picture. The health department of our county has both the urgency and the unknown Mac funding available, and another subcontract with the county, and the whole person care. We have partnerships in place, we were getting a little bit of funding from them, but really showing up that work that we were to, doing a lot of community education about the ILC, that is really what it is about. Doing a lot of outreach. Educating community, educating the local partners, the city, the officials, that we provide a lot of services will we are like a court agency in that we have been to it and what 30 years, we have the experience to work with people with disabilities, it was a Lodge of education, it was a lot of building, with the partnerships that we have come up with the city, with a captive, with the local nonprofits, but really building up from the contracts that we have a place to extend them to a different areas. Two extended to homeless services.

And that is really how we did it. From the city, from the health department, from there it was whole person care, we also have another contract with Santa Cruz County, surfed social services for aged up services as well. Because they are aware of the work that we have been doing placing security and affordable housing for consumers in (unknown name) county, so we were able to extend (unknown term) services in (unknown name) County as well. Once we have established that housing program in that county,

That is the relationship that we have already have in place

SPEAKER:
Robbie, your program looks different but what partnerships have either been necessary for this work, or have you all built through your work with the mobile unit, with people who are on house?

SPEAKER:
You know, it has been a combination, you know, at Atlantis, we had an internal section a department, that would administer section 8 vouchers for the local housing authorities stop so those working relationships go pretty far back and that's where those relationships started to develop the housing authorities. And with the leasing agents and landlords, in the Metro area. That would accept the vouchers.

Since we have had the mobile unit in operation from we have really started to focus on building, mental health center of the and then there is the human services, so really been able to collaborate with those organizations because they did specific section vouchers, that are set aside for people who are receiving services from their organization

And then outside of just during the course of our outreach, we just taken edge of whatever opportunities we have, to maybe they are doing outreach enemy, cross the property that is listed that they have vacancies.

So that is an opportunity to get our foot in the door. And to just talk with those leasing agents and explain to them who we are, and the type of work that we are trying to do

Those scenarios, it still does not do anything to address the affordability issue but at least it does give us some potential options.

And another thing that I could not mention before, as far as where we are trying to just be creative and really think outside of the box, is we will sometimes try to connect consumers who may be interested in roommate situations, or in that Metro area, there are folks who are not in the disability community but have some type of housing, and they may be willing to rent a room to someone in order for that homeowner to supplement whether it is their mortgage, or just some limits the rent. -- Supplement

But the main relationships we have been focusing on with those mental health centers and Rocky Mountains services & organizations,

SPEAKER:
Great. Thanks. Go to the I'm really looking at the clock here and what we have been talking about this

Atlantis is essentially running this through their IL program, any additional items? Around funding or staffing? That you want to mention over and above what you will put into your CAL overview?

SPEAKER:
I think for us it was really pretty both programs to feed the IL philosophy and really to meet the mission that CCC I, and that's how we were able to leverage those resources will looking for the funding, looking for the partnership with a local office as well, so billing for what we have, keep up the communication with the funders, keep up working together with the community to find the needs, because we also do calling assessment surveys to find out if they need additional services, what else can we do for them? So we do ask them. But it is a lot of leverage and a lot of expanding, looking for sources to continue the programs, but it is really bringing it back to the IL services, the core services, the mission statement that we have, and again it may be that we do not even need a lot of fun things but we just need those partnerships. It is nice to have because we have quite a bit of funding to provide repertory housing, we help them with first month security presence and -- posit and first month's rent. So it's a lot of applying for Social Security benefits, helping them to go back to the workforce if they feel that they can go back to work. When we have noticed is that we place someone into permanent housing, with rental assistance, is how do they sustain? After the funding is over? Because the contract may be for one or two years but how do they sustain after that? So what we have seen is that once we play someone into permanent housing, they have been able to work on their employment goals, they are able to get our medical care, so they are more healthy so they can back to work so that they can sustain. So that is giving us the opportunity to help more full to really let the resources that we have, using the core funding that we have as a tool to pay for someone's case managers time, and use some of the housing for the financial assistance that is how we have been doing it. Now with all of this money that is coming from the state, covid. It is really how can we really use that best to meet the needs. For us we have been able to secure funding for the next two years for COVID, hoping to get more funding probably I will know more by the end of the week. Again, all of this coming back to all of the finding that is coming from the state, in California we are waiting to get the final approval for the budget, who also has more than 2 million for funding sheltered communities, for those expanding homelessness or they are

But we are looking to see you bring that funding to CCC I'll, we work a lot with the consumers themselves. It is really working on them going back to, applying for Social Security benefits, applying for other program funding that they might qualify for, if they have kids, do we work with the permanent social services to help them apply for general assistance? That is the other one that we have been working on a lot, youth who are expressing homelessness. Who might be running away from the family.

That will be ongoing. Continue paying for staff time. Like I say we use the seven seas, we might use to pay for that financial assistance. Bringing those two funding sources together to meet the goal which is services of the consumers and help them to get in a better place.

TIM FUCHS:
Thanks. Robbie, I think you ready talked about the funding piece. If there's anything you want to add feel free to do so.

ROBBIE ROPPOLO:
I would like to add something regarding leveraging some additional funding. So, through our transitions, our community transitions program we were able to secure some funding to create a pilot program and that pilot program has a twofold process.

It allows us to transition folks from congregant settings and then as long as someone who is not the house if they make that nursing home level of care can use that funding to get the person out of that congregant setting or to get the house person. Both have an opportunity to get into a hotel in order to get them with a roof over their head or get them out of the congregant setting.

With that funding we are able to give someone into a hotel while the rest of the needs are addressed. There are specific section 8 vouchers that are available through the pilot program. But even within that they have the opportunity to stay in the hotel until that housing is secured and then the rest of the supports are put in place to allow someone to be able to continue to live independently in the community. To get those services and the supports that they were receiving in that congregate setting. That is something that we are excited about, and if I'm not mistaken I think to date we have been able to transition 10 people, I'm not 100% sure on that because that's the program I am not really involved with, in the hope is that we will be able to prove the success and the need for a program like that.

Our hope is to continue to get some funding for that and it is just an opportunity to kind of work outside of a lot of that longer process that may be involved with transitioning someone out of that institutional setting because it really is kind of a condensed timeline.

TIM FUCHS:
Thanks, Rob. I'm going to skip fax number 32 because I know we covered this. We have eight minutes left and I want to make sure we are able to address this next question which is important, and then as many of your questions the audience questions that we can possibly get through. Gino will come to you. This is for people who are BIPOC black Indigenous people of color, or otherwise marginalize. What does that look like and how are you providing culturally competent support in this area?

GEORGINA ALVAREZ:
Thusly work a lot with consumers and the community. We have a lot of Latinos, Hispanic community. What we have done is be more inclusive. We have done a lot of cultural competency trainings for the staff, we do an ongoing training. For us it's mostly monolingual consumers, Spanish-speaking's of the services we provide we always try to have bilingual staff, at least two or three case managers who are bilingual that has always been the case for us to offer services bilingual.

In terms of the other communities and marginalized communities. For us is that monolingual Latino and Hispanic community is the main one we have seen so we have done a lot of education to tip them it's OK to ask for services. There is nothing wrong with asking for help. It's also a lot of education do with the staff, how to be more culturally competent, to understand the culture that everyone is, that background. And just be more understanding.

We also pack community partners. We don't have to always have bilingual. Both English and Spanish. We live in the community that is world we have a lot of monolingual consumers. We have a lot of people of color. We have to be more inclusive for everyone and we always push for that. We do a lot of education as an ILC, not only on disability but how to work more closely with the communities that we have in Morgan County.

It's mainly the monolingual consumers we have, that Latino and Hispanic community that we have locally.

TIM FUCHS:
. Probably you talked a bit about the work done in this area but would you like to add about the way you have supported BIPOC folks or other marginalized folks experiencing homelessness in Denver and surrounding areas.

ROBBIE ROPPOLO:
As I said earlier this part of the work is something we are really starting to take into. It is starting with a lot of internal training opportunities where if we have a new hire putting together a training or a call for new hires and then for existing staff. We are putting in place annual trainings.

We have access so regarding monolingual communities we are getting a lot of our material out in Spanish. And then we also have access to an interpretive line which goes through a service to the Metro area where, I don't know that it is completely but it covers all the different languages but there is a pretty extensive list of language interpreters make sure that our staff knows how to utilize that line including without a mobile office. Again, it's just about getting into those BIPOC communities and developing those relationships. There may be times where we find consumers who are not aware of specific resource centers within their community. The cultural side of the is also something that we are trying to educate ourselves on because there are those cultural differences. Some cultures disability is looked at from a different perspective, or just cultural differences of how different people are living their lives. A lot of it for us is just educating ourselves in letting those communities know these are the types of work and services that are available if they choose to receive them.

TIM FUCHS:
Thanks Robbie. Everyone bear with me. But to move in a rapid-fire way that I try not to do. Try to get through as many of these as we can. Robbie, Darrell is dying to know if it coordinates a share program. Says he's interested in doing something like that and is curious if you all have something?

ROBBIE ROPPOLO:
First of all I don't know that I am 100% sure what share a home program is. I think I know just by the name, but I would maybe, if Darrell or if Tim could be a little more specific about what that means.

TIM FUCHS:
I am not sure but I will watch the Q&A to see if Darrell provides anymore context. Lisa, is wondering, a popular question. Ballpark costs roughly of what it costs to purchase the mobile unit and then about what it costs to operate it each year including staff.

ROBBIE ROPPOLO:
Certainly. Ballpark cost of the vehicle including getting a customized I feel like it was somewhere in the range between 80 and $90,000. The operating costs our annual budget is in the neighborhood of about $100,000 per year. That covers staff, it covers anything related to the mobile unit. Fuel, insurance, roadside assistance plan. Really with the annual budget it covers everything down to separate office supplies. Just about everything in between that.

TIM FUCHS:
Great. Thanks. Stephanie is struggling with something in her community around shelter eligibility. They have been working with more consumers who have been found shelter in eligible. Wondering if you have any experience with that or tips for Stephanie and working through that.

GEORGINA ALVAREZ:
We have a few that are not able to go to any type of shelter, but it all depends on what happens between them and shelter. Some of them have a look of single males that we have shelters for families, so they are definitely not going because they are only for families. We have a women's shelter but we don't have a lot of, for couple’s kind of shelter. We also have consumers that have beds. The question we had before in the issue we are facing was that a lot of the consumers will not go to a shelter because they don't want to give up on their service animal.

We work with them individually; we work with the shelters to work on eligibility for their services. What are some of the no-no’s? Like I will not take (indiscernible) because they have sex offenders and families in the shelter. If it's only a female shelter but that consumer is a male but dressed as a female how can we work with them to do education on that.

Those are the main things we have basically, lack of shelter because family, single women, but we don't have a lot of shelter for single adults.

Another problem we have is even if it's a family shelter we have a dad who is a single parent and that's the problem we have with it's a family shelter but it's for female single mother, but not for dad. We try to work with the local shelter to see why they were disqualified for services and go from there. It's knowing what the client is not able to access the shelter. They are full and always a capacity so we need to know the different process. Just become familiar with eligibility but also become familiar with the funding source. This funding? Where are they getting the funding from? The county, the city, the state funding? That can help you to find eligibility.

Always see they get money from local in person care. One of their clients. Become familiar of the funding source and eligibility and what is the intake process like?

SPEAKER:
Thanks, Gina. We are out of time; I am so sorry we could not get through more of the questions. I hope you all recognize that this is really the beginning of a very important conversation, and we really will be doing more webinar on supporting people, especially war in congregant or in stable environments, or living in places that do not meet that subject traditional nursing home institution, definition. But needed services and our people with disabilities who need support. I was thrilled to see the great turnout for today's webinar. I did share Georgina at Robbie's contact information in the chat. I meant to put that in the PowerPoint, I am sorry that is not there. We will add that to the PowerPoint before it goes out. Here on slide 35 is the link to the evaluation survey, now you can copy – it is not a live link in the screen share, but remember when I close the webinar in just a moment here, it is going to open on your screen. I hope you will let us know what you thought we could do better. And this is also included in the materials email that you received yesterday. With that, we are going to close in the interest of time. But thanks to all of you for joining and I hope you have a wonderful afternoon! Goodbye.

(Live Captioning by Ai-Media )

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